

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/17/03.

I. DISPUTE

Whether there should be reimbursement of prescription medication paid for by the injured worker from 8/14/02 through 2/20/03.

II. RATIONALE

The file reflects that the carrier did not provide a copy of Explanation of Benefits to the requestor.

Per Commission Rule 133.307 (e)(2)(A-B), “

(2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:

(A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304;